

INCIDENT REPORT

Form 8

1180-25-56

Revised 12/17

POLICE DEPARTMENT
BALTIMORE, MARYLAND
 Person Property Vehicle Miscellaneous

 Domestic Related Gang Related Juvenile Related Hate Crime Investigative Stop

6 Unit 9B31	7 Post of Occurrence 931	8 Reporting Area	9 Street Code	10 CAD Number 2275	11 Location Given by Dispatcher Same as 3	12 Companion Report No.	
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed					14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Follow-up 16 Crime Code 17 Crime Classification City Street	18 Describe Location of Offense or Type of Premise 19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

20 Complainant/ Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Age 45	DOB	Height	Weight	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Race:	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander Native <input type="checkbox"/> Other Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Unknown	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Primary Proficient? <input type="checkbox"/> No <input type="checkbox"/> Language	How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member				
Where Employed or School Attending (Include City Located)							

21 Injuries and Location on Body	Victim's Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Hospitalized Facility	22 Victim / Assistant Relationship	23 Current / Former Cohabitation <input type="checkbox"/> Yes <input type="checkbox"/> No
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24 Reporting Person	Name (Last, First, MI) Same as 20	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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25 Witness Parent/Guardian	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect	Name (Last, First, MI) Unk	Address (Include City, County, State, Zip)	Age	DOB	Height	Weight	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Race:	<input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unknown	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> If yes, Primary Proficient? <input type="checkbox"/> No <input type="checkbox"/> Language	How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member					
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth			Shirt/Coll
Dark brown	short							black hoodie

Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)						Arrest Number
grey sweatpants	black sneakers							

27 Trademarks of Suspect(s) (Action / Conversation)	28 Point of Entry struck vehicle with squeegee	29 Location Last Seen Washington and MIK	30 Manner of Escape On foot	31 Direction of Escape Unk
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32 Weapon / Means of Attack squeegee	33 Method Used to Commit Crime Hands	34 Type of Property Taken N/A	35 Total Loss Value Unk
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36 Vehicle Information	Suspect Victim Stolen Towed Other Tag Number	State FL	Expiration 6/20	Vehicle Year/Make 2018 BMW	Model X5	Body Style/Color SUV Blk	Mileage
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Vehicle Identification Number (VIN)	Ignition Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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37 Registered Owner Name (Last, First, MI) Same as 20	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)			
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38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature			
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45 Detective Notified Det. Ott	Sequence No. G906	Assignment SD-DDU	Unit Number 3826	Date 10/23/19	Time 1500hrs	46 Medical Examiner Notified Time
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47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast Time <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	51 Victim Assistance/Incident Information Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain 309 Form
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52 Copies Forwarded To				
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Cont'd Section
Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property list; property inventory number(s) when applicable. (3) Describe details of incident, include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number/telephone number/date/time. (5) List all arrests, including Arrest Numbers and charges.

1
On 10/23/19 at 1405hrs this officer responded to Washington and Martin Luther King Blvd for a discharge. Upon arrival this officer spoke with [REDACTED] who stated she discharged her registered firearm. Investigation revealed [REDACTED] was traveling down Martin Luther King Blvd when she came to the intersection at Washington Blvd. While sitting at the light a group of squeegee kids surrounded her vehicle spraying fluid all over her windshield and demanding money. [REDACTED] was in fear because the group was real aggressive and started striking her vehicle with squeegees causing damages. She couldn't drive off without running them over, so [REDACTED] then reached into her purse that was next to her and pulled out her registered firearm and sat it on her lap as she was telling the group to back away from her car. One of the members of the group then reached into her passenger side window and grabbed her right wrist, which was the hand she was holding the firearm in. A little struggle occurred which caused [REDACTED] to discharge the firearm into the [REDACTED] [REDACTED] [REDACTED]

53 Reporting Officer Name (PRINT CLEARLY)
P/O Watson, C
Sequence No.
J176 Assignment
SD

54 Approving Supervisor Rank and Name
LCS Jolson
Sequence No.
J158 Assignment
SD DDU

55 RMS Data Entered By
Sequence No Date Time
56 Reviewer
57 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT

Form 04/007

1160-25-63

Revised 01/06

POLICE DEPARTMENT
BALTIMORE, MARYLAND Continuation Follow Up

Person	Property	Miscellaneous	Vehicle	Missing Person	Custody
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Unit 9B31	7 Post of Occurrence 931	8 Reporting Area	9 Street Code	10 CAD Number 2275	

13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	Explain	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	17 Crime Code	18 Crime Classification
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19 Complainant/ Victim Name (Last, First, MI), or Firm Name / Business	Residence / Address (Include City, County, State, Zip)	Sex F	Age 45
Race <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Unknown

20 Copies Forwarded To

Cont'd
Section: Narrative: (1) Continuation of any preceding items. (2) Property listing to include property taken and seized/submitted evidence/property (list property inventory numbers) when applicable. (3) Record all activity and all developments in case by till officers arrived. (4) List all additional notifications including name, agency or assignment, unit number, telephone number, date time. (5) Recommend case status when applicable. (6) If Multi Clearance include all affected complainant/case numbers.

passenger seat of her vehicle. Once the firearm went off, the group fled in different directions. [REDACTED] then contacted police and stood by till officers arrived. Once on scene an area canvas was conducted for the group in question, but the canvas came back negative. [REDACTED] was then transported to Southern District DDU to be interviewed. [REDACTED] firearm was seized and submitted to ECU after Det. Ott verified her gun permits with Mike Barkley of the State Police Gun Center.

Continued

I affirm and declare that the statements above are true to the best of my knowledge:				Reporting Person's Signature	Date
22 Reporting Officer Name (PRINT CLEARLY) P/O Watson, C.	Sequence No	Assignment J176 SD	Signature Cejua Watson		
23 Approving Supervisor Rank and Name K.S. Jackson	Sequence No	Assignment F58 5000U	Signature [Signature]		
24 RMS Data Entered By	Sequence No	Date	Time	25 Reviewer	26 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK